

Choices for Care
Flexible Choices Budget Sheet

Participant Goals for Flexible Choices**Participant information:**

| | | |
|----|-----------------------------------|----------|
| | Name: | 0 0 |
| | Name of surrogate (if applicable) | 0 0 |
| 1) | Medicaid Number: | 0 |
| 2) | ICD Code: | 0 |
| 3) | Date of Birth: | 1/0/1900 |
| | Address: | 0 |

| | | | | | |
|----------------------------|-------------------|----------------------------|---|------------------|-----------------|
| Monthly Allowance | \$1,160.93 | 2.15 | 0 | Bi-Weekly | Monthly |
| Bi-weekly allowance | \$539.97 | Available allowance | | \$425.47 | \$914.76 |

| Budget | <i>Monthly cost?</i> | <i>Bi-weekly amount</i> | <i>Category sub-totals-bi-weekly</i> | <i>Category sub-totals-monthly</i> |
|----------------------------|----------------------|-------------------------|--------------------------------------|------------------------------------|
| <i>Administrative fees</i> | | | | |
| Fiscal ISO | \$54.00 | y | \$27.00 | |
| Consultant | \$175.00 | y | \$87.50 | |
| | | | Total Administrative Fees | |
| | | | \$114.50 | \$229.00 |

| <i>Personal Care</i> | <i>Hours per 2 weeks</i> | <i>Hourly wage</i> | <i>Taxes etc @13.30%</i> | <i>Cost per worker</i> |
|------------------------------|--------------------------|--------------------|--------------------------|------------------------|
| Worker #1 | | \$0.00 | \$0.00 | \$0.00 |
| Worker #2 | | \$0.00 | \$0.00 | \$0.00 |
| Worker #3 | | \$0.00 | \$0.00 | \$0.00 |
| Worker #4 | | | \$0.00 | \$0.00 |
| Total Personnel Costs | | | | |
| | | | | \$0.00 |
| | | | | \$0.00 |

| <i>Goods</i> | <i>Cost</i> | <i>Frequency</i> | <i>2 Week Cost</i> |
|--------------------|-------------|------------------|--------------------|
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| Total Goods | | | |
| | | | \$0.00 |
| | | | \$0.00 |

| | | | | | | |
|---------------------------|----------------|---------|--------|-----------------|---------------|--------|
| <i>Adult Day Services</i> | Hours Per Week | Rate | | | | |
| Adult Day Hours | 0 | \$15.43 | \$0.00 | Total Adult Day | \$0.00 | \$0.00 |

| | | | | | | |
|-----------------|------|-----------|-------------|----------------|---------------|--------|
| <i>Services</i> | Cost | Frequency | 2 Week Cost | | | |
| | | | \$0.00 | | | |
| | | | \$0.00 | | | |
| | | | | Total Services | \$0.00 | \$0.00 |

| | | | | | | |
|-------------|------|-----------|--------|------------|---------------|--------|
| <i>Cash</i> | Cost | Frequency | | | | |
| | | | \$0.00 | | | |
| | | | \$0.00 | | | |
| | | | \$0.00 | | | |
| | | | \$0.00 | | | |
| | | | | Total cash | \$0.00 | \$0.00 |

| | | | | | | |
|--------------------------|------------------|-------------------|--------------------------|---------------|---------------|--------|
| <i>Specified Savings</i> | <i>Item Cost</i> | <i>PP to save</i> | <i>Bi-weekly savings</i> | | | |
| | \$0.00 | 1 | \$0.00 | | | |
| | \$0.00 | 1 | \$0.00 | | | |
| | \$0.00 | 1 | \$0.00 | | | |
| | | | | Total savings | \$0.00 | \$0.00 |

| | | | | | | |
|--------------------------|--|--|--|--|---------------|--------|
| <i>Rainy Day Savings</i> | | | | | \$0.00 | \$0.00 |
|--------------------------|--|--|--|--|---------------|--------|

| | | |
|---------------------|-----------------|-----------------|
| TOTAL BUDGET | \$114.50 | \$229.00 |
|---------------------|-----------------|-----------------|

| | | |
|-----------------------------|-----------------------|-------------------------|
| Signatures: | Effective Date | Next Review Date |
| | 1/0/1900 | 1/0/1900 |
| _____ Consumer/Surrogate | Date | |
| _____ Consultant | Date | |
| _____ DAIL Staff | Date | |